

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** M97000000522


**1. Entity Name**  
COASTAL CRANE SERVICES, LLC

**Principal Place of Business**  
8521 MARITIME STREET  
JACKSONVILLE FL 32226

**Mailing Address**  
26 SECOND AVENUE, S.W.  
MOULTRIE GA 31768

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP -8 AM 10:02



**2. Principal Place of Business**

**3. Mailing Address**  
8521 Maritime St.

Suite, Apt. #, etc.

**City & State**  
Jacksonville FL

**Zip** 32226 **Country** USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 58-2264070

**5. Certificate of Status Desired** ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LECONTE, RUTH  
6971 HERITAGE DR  
PORT ST LUCIE FL 34952

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONGNO, VINCENT 251 NORTH AVENUE, WEST WESTFIELD NJ 07090	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**

9-8-00 908-654-7901

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

CR2003 (500)